

NJ DEPARTMENT OF COMMUNITY AFFAIRS

Bureau of Construction Project Review

PLAN REVIEW FEE SCHEDULE

Project # _____

1. Regular Plan Review Fee – Use Groups *Other Than* Healthcare I-1, I-2, I-4 and B:**A. NEW CONSTRUCTION & ADDITIONS:**a. Use Groups A-1, A-2, A-3, A-4, A-5, F-1, F-2, S-1, S-2 Volume _____ cu. ft. X .010 = \$ _____
of Bldg.b. All other Use Groups Volume _____ cu. ft. X .016 = \$ _____
(Excluding Healthcare I-1, I-2, I-4 & B) of Bldg.**B. RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR – including site construction associated with pre-engineered systems of commercial farm buildings, premanufactured construction and external connections for premanufactured construction.**Renovation Cost: (All Disciplines)a. Estimated cost up to and \$10.00 per \$1000. = \$ _____
Including \$50,000.00 *plus*b. Portion of cost \$50,001.00 Additional fee of \$8.00 per \$1,000. = \$ _____
To and including \$100,000.00 *plus*c. Portion of cost above Additional fee of \$7.00 per \$1,000. = \$ _____
\$100,000.00**Subtotal Regular Plan Review FEE (Sum of above items A and B):** \$ _____**2. Healthcare Plan Review Fee – Use Groups Healthcare I-1, I-2, I-4 and B:**C. NEW CONSTRUCTION & ADDITIONS: Volume _____ cu. ft. X .022 = \$ _____
Of Bldg.**D. RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR – including site construction associated with premanufactured construction and external connections for premanufactured construction.**Renovation Cost: (All Disciplines)a. Estimated cost up to and \$14.00 per \$1000. = \$ _____
Including \$50,000.00 *plus*b. Portion of cost \$50,001.00 Additional fee of \$11.00 per \$1,000. = \$ _____
To and including \$100,000.00 *plus*c. Portion of cost above Additional fee of \$9.00 per \$1,000. = \$ _____
\$100,000.00**Subtotal Healthcare Plan Review FEE (Sum of above items C and D) :** \$ _____**3. PLAN REVIEW FEE (Sum of above items 1 and 2)** \$ _____**4. ELEVATOR PLAN REVIEW FEE:**

R-3 and R-4 Use Groups - \$50.00 per elevator Number of elevators: _____

All other Use Groups - \$260.00 per elevator Number of elevators: _____

Total Elevator Plan Review Fee: \$ _____

5. ELEVATOR UNIT TEST & INSPECTION FEES (State-Owned Structures Only):

Total Elevator Unit Test & Inspection Fees from fee schedule, enclosed: \$ _____

6. GRAND TOTAL OF ALL FEES (Sum of lines 3 through 5):

Remit check, rounded to nearest dollar, payable to "Treasurer, State of New Jersey" in this amount: \$ _____

NJ DEPARTMENT OF COMMUNITY AFFAIRS
BUREAUS OF CONSTRUCTION PROJECT REVIEW AND CODE SERVICES
 (State-Owned Structures Only)
ELEVATOR SAFETY UNIT – TEST AND INSPECTION FEE SCHEDULE
 (New Construction or Alterations Only)

A. Structures other than Use Groups R-3 and R-4, or exempted R-2:

ELEVATOR TYPE	FEE EACH	NO. OF DEVICES	FEE
Traction and winding drum elevators			
- 1 to 10 floors	\$243.00	_____	\$ _____
- Over 10 floors	\$405.00	_____	\$ _____
Hydraulic elevators	\$216.00	_____	\$ _____
Roped hydraulic elevators	\$243.00	_____	\$ _____
Escalators, moving walks	\$216.00	_____	\$ _____
Dumbwaiters	\$54.00	_____	\$ _____
Stairway chairlifts, inclined and vertical wheelchair and manlifts	\$54.00	_____	\$ _____
Oil buffers	\$43.00	_____	\$ _____
Counterweight governor and safeties	\$108.00	_____	\$ _____
Auxiliary power generator	\$81.00	_____	\$ _____
SUBTOTAL PART A:			\$ _____

B. Structures in Use Groups R-3 and R-4, or exempted R-2:

Test and Inspection Fee	\$162.00	_____	\$ _____
SUBTOTAL PART B:			\$ _____

C. Alterations

\$54.00	_____	\$ _____
SUBTOTAL PART C:		\$ _____

Sum fees from Parts A, B, and C. Show total here and also on Plan Review Fee Schedule where “Total from Elevator Safety Unit Fee Schedule” is requested. Include this schedule with submission.

\$ _____